



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
Chikamoto	Oren	Teruo	(808) 523-6000
MAILING ADDRESS (Street)			FAX
700 Bishop Street, 15th Floor			(808) 523-6001
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Torkildson, Katz, Fonseca, Moore & Hetherington			(808) 523-6000
MAILING ADDRESS (Street)			FAX
700 Bishop Street, 15th Floor			(808) 523-6001
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Hawaiian Memorial Life Plan, Ltd.		(808) 522-5200
MAILING ADDRESS (Street)		FAX
c/o Borthwick Mortuary, 1330 Maunakea Street		(808) 522-9310
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96817
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Scott Sells		(808) 522-5200
MAILING ADDRESS (Street)		FAX
1330 Maunakea Street		(808) 522-9310
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96817

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture

Education

Human Services

Science, Technology &
Economic DevelopmentCommunications &
Public UtilitiesGovernment Operations &
FinanceIntergovernmental Relations,
International Affairs

Tourism & Recreation

Consumer Protection &
Commerce

Hawaiian Affairs

Labor & Employment

Transportation

Culture, Arts, Historic
Preservation

Health

Planning, Land & Water
Use Management

Other: (Indicate below)

Ecology, Energy
Environmental Protection

Housing

Public Safety & Corrections

Funeral homes,
Cemeteries**PART IV CERTIFICATION OF LOBBYIST***I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*

(Signature of Lobbyist)

2/3/05
(Date)**PART V AUTHORIZATION TO LOBBY**

NAME

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Scott Sells

General Manager

NAME OF ORGANIZATION (if applicable)

TELEPHONE

Hawaiian Memorial Life Plan, Ltd.

(808) 522-5200

MAILING ADDRESS (Street)

FAX

c/o Borthwick Mortuary, 1330 Maunakea Street

(808) 522-9310

(City)

(State)

(Zip Code)

Honolulu

Hawaii

96817

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

(Signature of Authorizing Officer or Person Represented)

2/3/05
(Date)